

Advance Conference Registration

1998 IEEE MTT-S MICROWAVE WEEK EVENTS

June 7-12, 1998 ♦ Baltimore, MD ♦ IMS ♦ RFIC ♦ ARFTG

Each Conference Attendee must submit a separate registration form. A copy of this form may be used.
The deadline for advanced registration is May 15, 1998. Afterwards, on-site fees apply.
On-site fees will be approximately 30% higher.

NAME Last First

AFFILIATION Company, Etc. Mail Stop

ADDRESS Street

City State Postal Code Country

e-mail Address

US/CANADA TEL. INT'L TEL.

IEEE MEMBER ☐ Yes ☐ No ☐ IEEE Membership No. * MTT-S MEMBER ☐ Yes ☐ No

Name of Guest ARFTG MEMBER ☐ Yes ☐ No

*Must be given to qualify for member discount

To register, check ☒ the appropriate boxes and enter corresponding fees in the Remittance column.

➤ **INT. MICROWAVE SYMPOSIUM**
Tue., Wed. & Thur.
 All IMS Sessions (Includes IMS CD ROM and Digest.) ☐ \$235 ☐ \$340 \$ _____
 All IMS Sessions (Includes IMS CD ROM, *no* Digest.) ☐ \$165 ☐ \$250 \$ _____
 Single-Day Registration (Includes IMS CD ROM, *no* Digest.) ☐ \$105 ☐ \$150 \$ _____
 Student, Retiree, Life Member (Includes IMS CD ROM, *no* Digest.) ☐ \$ 35 ☐ \$ 40 \$ _____

➤ **RFIC Symposium** ☐ \$ 85 ☐ \$110 \$ _____
Sun., Mon. & Tue. (Includes RFIC Reception and RFIC Digest.)

➤ **ARFTG-AUTOMATIC RF TECHNIQUES CONFERENCE**
Fri. (Includes breakfast, lunch, ARFTG Digest and ARFTG Exhibition.)
 ARFTG Member ☐ \$130 \$ _____
 ARFTG Non-member ☐ \$155 \$ _____
 ARFTG Student, Retiree ☐ \$ 65 \$ _____

➤ **ADDITIONAL DIGESTS AND CD ROMS**
 IMS Digest Qty. ____ @ ☐ \$ 70 ☐ \$ 90 \$ _____
 IMS CD ROM Qty. ____ @ ☐ \$ 20 ☐ \$ 30 \$ _____
 RFIC Digest Qty. ____ @ ☐ \$ 35 ☐ \$ 50 \$ _____
 ARFTG Digest
 Member Qty. ____ @ ☐ \$ 20 \$ _____
 Non-member Qty. ____ @ ☐ \$ 45 \$ _____

➤ **PANEL SESSIONS** (Includes box lunch.)
 PMON1: Levels of Integration for RFICs ☐ \$15 \$ _____
 PTUE2: Key Policy Issues ☐ \$15 \$ _____
 in Microwave Spectrum Management
 PTUE3: Research Directions in Microwave CAD ☐ \$15 \$ _____
 PWED4: Microelectromechanical Systems (MEMS) ☐ \$15 \$ _____
 for Microwave and Millimeter-wave Applications
 PTHU5: Reliability Without Hermiticity ☐ \$15 \$ _____
 PTHU6: Advanced Multifunctional ☐ \$15 \$ _____
 RF Systems (AMRFS)

➤ **Maryland Crab Feast** (Tuesday Evening) ☐ \$20 \$ _____

➤ **AWARDS BANQUET**
 (Wednesday Evening, Hyatt) Qty. ____ @ ☐ \$40 \$ _____

➤ **EXHIBITION ONLY** ☐ \$10 \$ _____

➤ **WORKSHOPS**

	Regular Rate	Student/Retiree/ Life Member
Full Day	\$80	\$55
Half Day	\$50	\$35
SUNDAY		FRIDAY
<input type="checkbox"/> WSA (Full Day) \$ _____		<input type="checkbox"/> WFA (Full Day) \$ _____
<input type="checkbox"/> WSB (Full Day) \$ _____		<input type="checkbox"/> WFB (Full Day) \$ _____
<input type="checkbox"/> WSC (Full Day) \$ _____		<input type="checkbox"/> WFC (Full Day) \$ _____
MONDAY		<input type="checkbox"/> WFD (Full Day) \$ _____
<input type="checkbox"/> WMA (Full Day) \$ _____		<input type="checkbox"/> WFE (Full Day) \$ _____
<input type="checkbox"/> WMB (Full Day) \$ _____		<input type="checkbox"/> WFF (Full Day) \$ _____
<input type="checkbox"/> WMC (Full Day) \$ _____		<input type="checkbox"/> WFG (Morning) \$ _____
<input type="checkbox"/> WMD (Full Day) \$ _____		<input type="checkbox"/> WFH (Morning) \$ _____
<input type="checkbox"/> WME (Full Day) \$ _____		<input type="checkbox"/> WFI (Afternoon) \$ _____
<input type="checkbox"/> WMF (Morning) \$ _____		<input type="checkbox"/> WFJ (Afternoon) \$ _____
<input type="checkbox"/> WMG (Morning) \$ _____		
<input type="checkbox"/> WMH (Morning) \$ _____		
<input type="checkbox"/> WMI (Afternoon) \$ _____		
<input type="checkbox"/> WMJ (Afternoon) \$ _____		
<input type="checkbox"/> WMK (Afternoon) \$ _____		
	Total for all WORKSHOPS	\$ _____

Full-day workshops include continental breakfast, lunch and afternoon refreshments.
 Morning workshops include continental breakfast and lunch.
 Afternoon workshops include lunch and afternoon refreshments.
 All workshop registrations include a bound copy of the presenter's notes.

➤ **GUEST PROGRAMS**
 GA: Baltimore: Stars, Stripes and Special Sights (Tues., 9 AM-4 PM) Qty. ____ @ ☐ \$50 \$ _____
 GB: Annapolis: A Town of Three Centuries (Wed., 9 AM-3 PM) Qty. ____ @ ☐ \$50 \$ _____
 GC: Washington, DC: Our Nation's Capital (Thur., 8 AM-4 PM) Qty. ____ @ ☐ \$50 \$ _____

The only acceptable forms of payment are check, money order, MasterCard or VISA.

➤ Make your check or money order (US \$ ONLY on a US Bank or Traveler's Check) payable to:
"IMS Registration" ■ Or charge your MasterCard or VISA:
☐ MasterCard ☐ VISA

TOTAL REMITTANCE \$ _____
INDIVIDUAL PAYMENT MUST ACCOMPANY FORM

Card #

Signature

Exp. Date

➤ Written requests for a refund will be honored if received by May 15, 1998.
 A \$25 cancellation fee will be charged for processing.

MAIL COMPLETED FORM AND PAYMENT TO:
 1998 IMS Registration, PO Box 3471, Boston, MA 02241-3471, USA • FAX: (781) 828-9992.

For information or phone registration call (888) 397-6208.

If this form is sent by FAX do **NOT** also mail; a credit card number & signature, or a check or money order in US dollars must be included.

PLEASE FAX OR MAIL; DO NOT FORWARD HARD COPY IF FAXED

REGISTRATION IS ALSO AVAILABLE ON THE WORLD WIDE WEB AT www.expo-intl.com/shows/mtt-s/register